THE OF THE EN	ARIA	OIMA SIMIE	BUARD UP	TIEML I TI
County of BU	BUREAU OF VITAL STATISTICS		State Index No	13-0
District of OR	IGINAL CERTIFICATE	OF BIRTH	Co. Registrar No	542
Cown of			Local Registrar's l	Vo0V
or Plake (No.		,	_St	Ward)
ULL NAME OF CHILD Edwar If child is not named, make Supplemental				Born YES Alive
ex of Twin, Triplet or other	and in order	Legiti- Date mate? Birth.	(Month) (Da	y /92/ ny) (Yr.)
farry Wolf tesidence Wobe arrivor	Full Maiden (Name Residence	Minni	Jones Age aviast	
Race White Age of last Birthday	(Years) Color or Race	White	Bythday	(Years)
Sirthplace Wansan, Mo.	Occupatio	Housen	a le	
lumber of Child 9 Number of chil of this mother this mother	dren of 2	Were precaution Ophthalmia	is táken against i neonatorum?	yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
hereby certify that I attended the birth of	the above child, and that	t it occurred on	let 7 192	/, at <u>@</u> M.
*When there is no attending physician or midwife, then the householder should make this return.	(Signature)	Min	ian, milwife, housel	se M.S. nolder.*)
Given or Christian name added from a ipplemental report	Address ed (9 CT / O 192 L	good B	LOCAL RI	EGISTRAR.
- 566-1007-4/2 File	A True	Сору	COUNTY RI	04

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